KENTUCKY LEGISLATIVE ETHICS COMMISSION

JAN 3 0 2020

STATEMENT OF FINANCIAL DISCLOSURE (KRS 6.787)

Check here and attach a	additional sheets if necessary Number of sheets attached.
Official rest and assured	
lease include the foll	lowing information for the preceding calendar year:
lame •	James Fiorelli
Business address	N/A
Business telephone	N/A
Home address	2191 Blair Dr., Hebron, KY 41048
Title of public position,	
Other occupations of file	erRetired
Occupations of spouse_	Hair Stylist
•	
NOTE: The following sea	ctions do not require disclosure of specific dollar amounts.
1. Positions held by file	er in any business, partnership, corporation for profit, or
corporation not for profi	it from which the filer receives compensation, and the name of the
ousiness, partnership, or	r corporation None
	•
2. Positions held by file	er's spouse in any business, partnership, corporation for profit, or
corporation not for prof	er's spouse in any business, partnership, corporation for profit, or fit from which the filer's spouse receives compensation, and the
corporation not for prof	er's spouse in any business, partnership, corporation for profit, or it from which the filer's spouse receives compensation, and the artnership, or corporation
corporation not for prof	er's spouse in any business, partnership, corporation for profit, or fit from which the filer's spouse receives compensation, and the artnership, or corporation Co-owner, Hairpeace Salon
corporation not for prof	er's spouse in any business, partnership, corporation for profit, or it from which the filer's spouse receives compensation, and the artnership, or corporation Co-owner, Hairpeace Salon 1975 Madison Rd
corporation not for prof	er's spouse in any business, partnership, corporation for profit, or fit from which the filer's spouse receives compensation, and the artnership, or corporation Co-owner, Hairpeace Salon
corporation not for prof	er's spouse in any business, partnership, corporation for profit, or it from which the filer's spouse receives compensation, and the artnership, or corporation Co-owner, Hairpeace Salon 1975 Madison Rd
corporation not for prof name of the business, pa	er's spouse in any business, partnership, corporation for profit, or fit from which the filer's spouse receives compensation, and the artnership, or corporation Co-owner, Hairpeace Salon 1975 Madison Rd Cincinnati, OH 45208
corporation not for prof name of the business, pa	er's spouse in any business, partnership, corporation for profit, or fit from which the filer's spouse receives compensation, and the artnership, or corporation Co-owner, Hairpeace Salon 1975 Madison Rd Cincinnati, OH 45208 es of all businesses, investments, or securities in which the filer,
corporation not for prof name of the business, pa 3. Names and addresse filer's spouse, or filer's	er's spouse in any business, partnership, corporation for profit, or lit from which the filer's spouse receives compensation, and the artnership, or corporation Co-owner, Hairpeace Salon 1975 Madison Rd Cincinnati, OH 45208 es of all businesses, investments, or securities in which the filer, minor children had at any time during the reporting year an
3. Names and addresse filer's spouse, or filer's interest of \$10,000 at fa	er's spouse in any business, partnership, corporation for profit, or lit from which the filer's spouse receives compensation, and the artnership, or corporation Co-owner, Hairpeace Salon 1975 Madison Rd Cincinnati, OH 45208 es of all businesses, investments, or securities in which the filer, minor children had at any time during the reporting year an air market value, or 5% ownership interest or more
3. Names and addresse filer's spouse, or filer's interest of \$10,000 at fa TD Ameritande Ins	er's spouse in any business, partnership, corporation for profit, or fit from which the filer's spouse receives compensation, and the artnership, or corporation Co-owner, Hairpeace Salon 1975 Madison Rd Cincinnati, OH 45208 es of all businesses, investments, or securities in which the filer, minor children had at any time during the reporting year an air market value, or 5% ownership interest or more Statistical Acct # Halcyon Financial Planning
3. Names and addresse filer's spouse, or filer's interest of \$10,000 at fa TD Ameritande Ins	er's spouse in any business, partnership, corporation for profit, or lit from which the filer's spouse receives compensation, and the artnership, or corporation Co-owner, Hairpeace Salon 1975 Madison Rd Cincinnati, OH 45208 es of all businesses, investments, or securities in which the filer, minor children had at any time during the reporting year an air market value, or 5% ownership interest or more

4. Sources and form of gros	ss income of	Social S	ecurity Adv	name) ninistratio	ממ
Monthly draw from	n Halcum	TD Am	eritrale a	count	•
monning that hon	· mayon		11/04		, ,
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<u> </u>	*				*
5 6		the filer's	anouge (list so	urces by nan	ne)
5. Sources and form of gro	ss income of	me mers	spouse (list so	urces by nan	iic)
Net profits from	n Hurpe	acesa	OYI		
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6. Positions of a fiduciary	nature held b	y the filer	in a business_		<u> </u>
None				9	<u>, , , , , , , , , , , , , , , , , , , </u>
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7. A designation as common other than the filer's primare held by the filer, filer's spondominium at 28 hero(residence of son)	ry residence, use, or filer's	in which to minor chi	here is an inte ldren	rest of \$10,0	00 or more
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and a great of	¥			· · · · · · · · · · · · · · · · · · ·	
8. Sources of gifts of monor or the filer's immediate far means spouse, parent, sible in-law, grandparent, or grantfamediate family means us spouse, or a person claimed work.	mily, except ing, child, m andchild, or memancipated by the file	those from other-in-ladependent ed child res	a member of w, father-in-la member of the siding in an in-	the filer's far w, son-in-la filer's hous dividual's ho	nily. (Family w, daughter- ehold.
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nmily, or household purposes)	0 (0===0	reciden	Co
Wells Fargo Mortgage 1	O. (primor	distribution)	4
Amerikame Mortgage	Co. (Condo)	millioni)	
The state of the s			
		•	
o The series of any logislative agent W	who is:		
0. The name of any legislative agent w	VIIO 13.		
() A manh an of the filer's imme	ediate family:		
(a) A member of the filer's imme(b) A partner of the filer, or a pa	ertner of a memb	er of the file	's immediate family
(b) A partner of the filer, of a pa	filer's amployer.	of the me.	S IIIIIIIouiuu
(c) An officer or director of the	mers employer,	member of th	e filer's immediate
(d) An employer of the filer or a	in employer of a	memoer or u	to there aminediate
family;	~1aiai	, oggosista of	a member of the
(e) A business associate of the f	iler or a business	s associate of	a member of the
filer's immediate family			
None		<u>.</u>	
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11. The names of any of the filer's clie	ents who are legis	slative agents	or employers
None			
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13 If yes list the names of the clie	ents represented and list the agencies before which the
partner made an appearance. The f	filer need not identify which client was represented
before a specific agency.	
Clients	
State Agency	
1. Upon receipt by the Commissi record available for copying.	NOTICES on, a statement of financial disclosure shall be a public
	statement of financial disclosure or who fails to remedy nmission in a timely manner may be fined an amount not eximum total fine of \$1000.
	ent of financial interests which they know to contain tred information, shall be guilty of a class A
1-25-20	James a. Froulle
Date	Filer
Send completed statements to:	The Kentucky Legislative Ethics Commission
	22 Mill Creek Park
	Frankfort, Kentucky 40601
	FAX (502) 573-2929

If you have questions please call us at (502) 573-2863.